

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____					DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY				
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other	

Work Order ID 100326

100326

Page 2

April-22-13 12:53:39 PM

Item ID: D3794-3

Accept

N900040100

Setup Start *NS1*

Revision ID:

Stop *NS2*

Item Name: Gasket

Start Date: 4/22/13

Start Qty: 12.00

12

Cust Item ID:

Required Date: 5/03/13

Req'd Qty: 12.00

12

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start *NR1*

QC:

Date:

SPC (Y/N):

Date:

Stop *NR2*

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

130

Identify as per dwg & Stock Location: FP-001

0.00

130

Packaging

Memo

0.00

Packaging

16x ϕ 13/10/102

140

QC21- Final Inspection - Work Order Release

0.00

140

QC

Memo

0.00

Quality Control

13/5/16 ϕ

13-05-3

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Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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Picklist Print

April-22-13 12:53:38 PM

Page 1

Work Order ID: 100326

Parent Item: D3794-3

Parent Item Name: Gasket

Start Date: 4/22/13

Required Date: 5/03/13

Start Qty: 12.00

Required Qty: 12.00

Comments: IPP Rev:A 08-05-13 new issue DD verified by:EC
IPP Rev:B 08-05-23 revA as per dwg DD verified by:EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
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MNEO60S.063

Purchased

No

100

sf

423.4000

1.2828

~~12104~~
18

NEOPRENE SHEET 0.063

Jm 3-5-2

Location

Loc Qty

Loc Code

MAT052

423.4

123761

153

125290

270.4

125290

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Equip/Tooling									
Operator									
Material									
Setup									
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Supplier									
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FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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DART AEROSPACE LTD		Work Order:	100324
Description: Gasket		Part Number:	D3794-3
Inspection Dwg: D3794 Rev: A		Page 1 of 1	

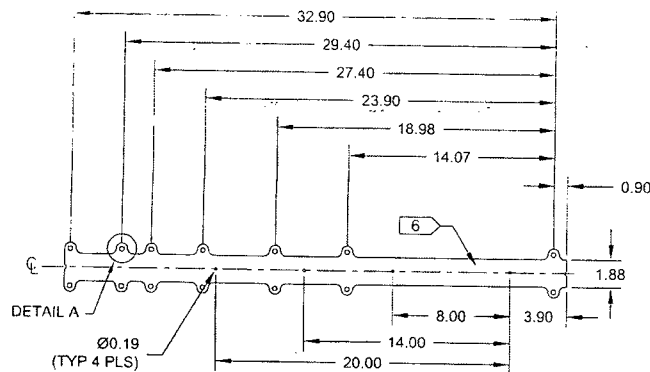
FIRST ARTICLE INSPECTION CHECKLIST

☒ First Article ☐ Prototype

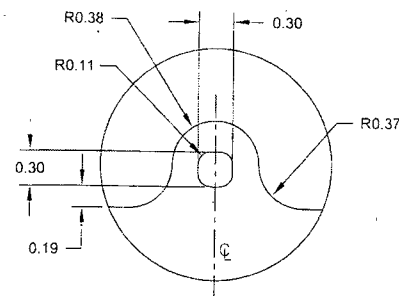
Drawing Dimension	Tolerance	Actual Dimension	Accept	Reject	Method of Inspection	Comments
Ø0.19	+0.005/-0.001	0.190"	-		✓	Jkmo
0.300 x 0.300	+/-0.010	0.300" x 0.300"	-		✓	
1.88	+/-0.030	1.88"	-		✓	
4.281	+/-0.010	4.281"	-		✓	
6.44	+/-0.030	6.44"	-		✓	
6.00	+/-0.030	6.00"	-		✓	
6.75	+/-0.030	6.75"	-		✓	
2.00	+/-0.030	2.00"	-		✓	
4.75	+/-0.030	4.75"	-		✓	
9.50	+/-0.030	9.50"	-		✓	Producer
14.25	+/-0.030	14.25"	-		T	Jkmo
17.75	+/-0.030	17.75"	-		T	
26.74	+/-0.030	26.74"	-		T	
29.23	+/-0.030	29.23"	-		T	

Measured by: Jm	Audited by: ²⁷	Prototype Approval:	N/A
Date: 13-5-2	Date: 17-5-2	Date:	N/A

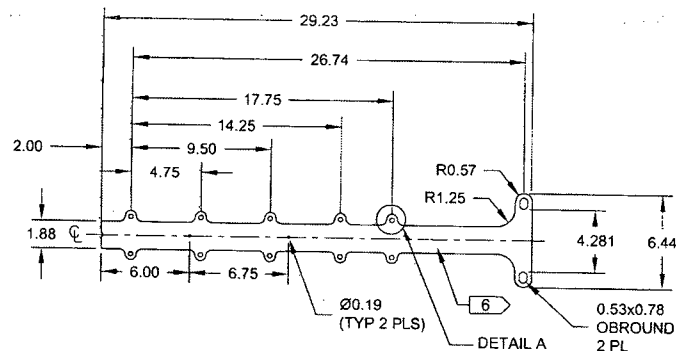
Rev	Date	Change	Revised by	Approved
A	08.05.28	New Issue	KJ/DD	
B	08.10.17	17.75 revised per Dwg Rev. A	KJ/DD	



D3794-1 GASKET



DETAIL A
SCALE 8X



D3794-3 GASKET

NOTES:

- 1) MATERIAL: BLACK NEOPRENE SHEET, 1/16 THICK, 60 DUROMETER
(REF DART SPEC. M-NEO60-S.063)
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: N/A
- 6) IDENTIFICATION: IDENTIFY WITH DART P/N "DXXXX-X" USING WHITE FINE POINT PERMANENT INK MARKER OR LABEL
- 7) WEIGHT: D3794-1 - 0.23 LBS, D3794-3 - 0.22 LBS

UNCL
SPEC 171
W/100
V1
100-100326 MJS
1304-24

RELEASED
08-05-14

A NEW ISSUE		PH 08.05.14	
REV.		DESCRIPTION	BY DATE
DESIGN	PH	DART AEROSPACE USA, INC PORT HADLOCK, WA	
DRAWN	PH		
CHECKED		DRAWING NO.	REV. A
MFG. APPR.		D3794	SHEET 1 OF 1
APPROVED		TITLE	SCALE
DE APPR.		GASKET	NTS
DATE	08.05.14	<small>COPYRIGHT © 2008 BY DART AEROSPACE USA, INC. THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE USA, INC.</small>	